

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)		Attorney Docket No. C6608(V)	
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">CAPSULES FOR INCORPORATION INTO DETERGENT OR PERSONAL CARE COMPOSITIONS</p> <p>the specification of which (check only one item below):</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as United States application Serial No. _____ on _____ and was amended on _____ (if applicable)</p> <p><input type="checkbox"/> was filed as PCT international application _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p>			
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
I hereby claim the benefit under Title 35, United States Code §119(e) of any of any United States provisional application(s) listed below:			
PRIOR U.S. PROVISIONAL APPLICATION(S) FOR BENEFIT UNDER 35 U.S.C. 119(e)			
APPLICATION NUMBER	DATE OF FILING (day, month, year)		
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.			
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.			
U.S. APPLICATIONS		STATUS (CHECK ONE)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING
PCT APPLICATIONS DESIGNATING THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S SERIAL NUMBERS ASSIGNED (if any)	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

201

FULL NAME OF INVENTOR	FAMILY NAME HSU	FIRST GIVEN NAME Feng-Lung	SECOND GIVEN NAME Gordon
RESIDENCE AND CITIZENSHIP	CITY Tenafly	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 99 Ivy Lane	CITY Tenafly	STATE & ZIP CODE/COUNTRY New Jersey 07670

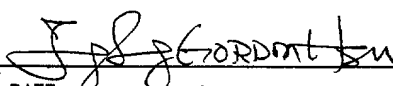

202

FULL NAME OF INVENTOR	FAMILY NAME NEUSER	FIRST GIVEN NAME Krstina	SECOND GIVEN NAME Marie
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POST OFFICE ADDRESS	POST OFFICE ADDRESS 344 Gorge Road #4A	CITY Cliffside Park	STATE & ZIP CODE/COUNTRY New Jersey 07010

203

FULL NAME OF INVENTOR	FAMILY NAME AHART	FIRST GIVEN NAME Robert	SECOND GIVEN NAME Joseph
RESIDENCE & CITIZENSHIP	CITY Mahwah	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 34 Surrey Lane	CITY Mahwah	STATE & ZIP CODE/COUNTRY New Jersey 07430

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR  DATE 8/23/01	SIGNATURE OF INVENTOR  DATE 8/23/01	SIGNATURE OF INVENTOR DATE
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Attorney Docket No. C6608(V)
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204

FULL NAME OF INVENTOR	FAMILY NAME COCCARO	FIRST GIVEN NAME Deborah	SECOND GIVEN NAME Marie
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POST OFFICE ADDRESS	POST OFFICE ADDRESS 99 Meredith Road	CITY Colonia	STATE & ZIP CODE/COUNTRY New Jersey 07067

205

FULL NAME OF INVENTOR	FAMILY NAME DIVONE Sr.	FIRST GIVEN NAME Peter	SECOND GIVEN NAME Anthony
RESIDENCE & CITIZENSHIP	CITY Bardonia	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 29 Cornell Drive	CITY Bardonia	STATE & ZIP CODE/COUNTRY New York 10954

206

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR <i>Deborah Marie Coccaro</i>	204	SIGNATURE OF INVENTOR <i>Peter Anthony Divone Sr.</i>	205	SIGNATURE OF INVENTOR	206
DATE 8/23/01		DATE August 16, 2001		DATE	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAPSULES FOR INCORPORATION INTO DETERGENT OR PERSONAL CARE COMPOSITIONS

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as United States application Serial No. _____ on _____ and was amended on _____ (if applicable)

☐ was filed as PCT international application _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

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PRIOR U.S. PROVISIONAL APPLICATION(S) FOR BENEFIT UNDER 35 U.S.C. 119(e)

APPLICATION NUMBER	DATE OF FILING (day, month, year)

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATIONS		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

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POST OFFICE ADDRESS	POST OFFICE ADDRESS 344 Gorge Road #4A	CITY Cliffside Park	STATE & ZIP CODE/COUNTRY New Jersey 07010

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

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FULL NAME OF INVENTOR	FAMILY NAME COCCARO	FIRST GIVEN NAME Deborah	SECOND GIVEN NAME Mario
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FULL NAME OF INVENTOR	FAMILY NAME DIVONE Sr.	FIRST GIVEN NAME Peter	SECOND GIVEN NAME Anthony
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FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR	204	SIGNATURE OF INVENTOR	205	SIGNATURE OF INVENTOR	206
DATE		DATE		DATE	